



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Asgharian, Bahram

Serial No.: 10/007,423

Confirmation No.: 3767

Filed: October 22, 2001

Examiner: Jastrzab, Krisanne Marie

Group Art Unit: 1744

For: USE OF LOW MOLECULAR WEIGHT
AMINO ALCOHOLS IN OPHTHALMIC
COMPOSITIONS

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail, Mailing Label No. EV 484 447 502 US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Date: January 27, 2005

Name: Deborah Weinschenk

Signature: Deborah Weinschenk

TRANSMITTAL OF FEE UNDER 37 C.F.R. §1.20(d)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

A terminal disclaimer has been filed herewith. Please charge the \$130.00 fee required under 37 C.F.R. §1.321(b) and 1.20(d) to Deposit Account No. 01-0682. A duplicate of this paper is attached.

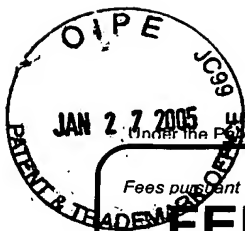
Respectfully submitted,
ALCON MANUFACTURING, LTD.

Date 1/27/05

By Gregg C. Brown
Gregg C. Brown
Registration No. 30,613

Address for Correspondence:
Gregg C. Brown
R&D Counsel, Mail Code Q-148
Alcon Research, Ltd.
6201 South Freeway
Fort Worth, Texas 76134-2099
Phone: (817) 551-8663

Attorney Docket No.: 1409 US FA



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 250.00

Complete if Known

| | |
|----------------------|--------------------------|
| Application Number | 10/007,423 |
| Filing Date | October 22, 2001 |
| First Named Inventor | Asgharian, Bahram |
| Examiner Name | Jastrzab, Krisanne Marie |
| Art Unit | 1744 |
| Attorney Docket No. | 1409 US FA |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 01-0682 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

| | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|----------------|----------|---------------|---------------------------|----------|---------------|
| 29 | - 20 or HP = 9 | x 50.00 | = 450.00 | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 3 | - 3 or HP = 0 | x 0.00 | = 0.00 | | | |
| HP = highest number of Independent claims paid for, if greater than 3 | | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

| | | | | | |
|-------------------|----------------|-----------------------------------|------------------|-----------|--------------|
| Signature | | Registration No. (Attorney/Agent) | 30,613 | Telephone | 817-551-8663 |
| Name (Print/Type) | Gregg C. Brown | Date | January 27, 2005 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE

In re Application of: Asgharian, Bahram

Serial Number: 10/007,423

Confirmation No.: 3767

Filed: October 22, 2001

Examiner: Jastrzab, Krisanne Marie

Group Art Unit: 1744

FOR: USE OF LOW MOLECULAR WEIGHT
AMINO ALCOHOLS IN OPHTHALMIC COMPOSITIONS

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service, with sufficient postage, as Express Mail EV 484 447 502 US in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

January 27, 2005

Date

Deborah Weinschenk

Name

Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

A three-month extension of time has been requested in the accompanying Petition for Extension of Time Under 37 C.F.R. §1.136(a) and Transmittal of Fee Under 37 C.F.R. §1.17(a)(3). In the event that paper becomes detached from this Amendment or is otherwise lost or misplaced, the Commissioner is requested to charge the fee for a three-month extension of time to Deposit Account No. 01-0682.

The following amendments and remarks are being submitted in response to the Office Action mailed on July 28, 2004.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 8 of this Amendment.

Remarks/Arguments begin on page 12 of this Amendment.

02/02/2005 SDENB01 00000061 10007423

02 FC:1202

450.00 DA

02/02/2005 SDENB01 00000061 10007423
02 FC:1202

450.00 DA